

STATE OF MONTANA



NOTICE of CANCELLATION of
ASSUMED BUSINESS NAME or
LIMITED LIABILITY PARTNERSHIPS

MAIL: **LINDA McCULLOCH**
Secretary of State
P.O. Box 202801
Helena, MT 59620-2801

PHONE: (406) 444-3665
FAX: (406) 444-3976
WEB SITE: sos.mt.gov

Prepare, sign and submit with the proper filing fee.

This is the minimum information required.

(This space for use by the Secretary of State only)

No Fee

☐ 24 Hour Priority Filing Add \$20.00

☐ 1 Hour Expedite Filing Add \$100.00

PLEASE CHECK ONE BOX:

☐ Cancellation of ABN ([30-13-213, MCA](#))

☐ Cancellation of LLP ([30-13-213, MCA](#))

1. The Assumed Business Name or LLP to be canceled is:

If the document is hand written, please print legibly or the application may be denied.

2. The name and address of the applicant owner (as currently listed with the office of the Montana Secretary of State) are as follows:

Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

I, HEREBY SWEAR AND AFFIRM, under penalty of law, that the facts contained in this Application are true.

Signature of Applicant Title/Ownership Interest in Business Organization

State of: _____ County of: _____

Signed or attested before me on: _____ (date) by [name(s) of person(s)]

Signature of notary: _____

Printed name of notary public: _____

Notary public for the state of: _____ Residing at: _____

My commission expires: _____

Daytime Contact: Phone _____ Email _____

Notary Requirement. Please be sure to have this form notarized.

GENERAL INSTRUCTIONS

Please type or print clearly when filling out this form.

ALL INFORMATION PUBLIC

All information provided, including names and addresses of officers and directors, will be made available on the Secretary of State's web site or upon request.

LEGAL AND ACCOUNTING IMPLICATIONS

There are important legal and accounting implications with respect to this corporation action. Suitable legal and accounting advice should be secured before submission. The Secretary of State's office suggests that such advice be sought prior to filling out forms to be sure that you understand the terms and procedures.

FORM PROCESSING TIME

Please be advised that the Business Services Bureau of the Montana Secretary of State will process your business documents within 10 working days of initial receipt.

- During this period if it is determined that your document does not meet statutory requirements, a letter outlining the deficiencies will be returned to the original submitter.
- If the document is complete and correct, the document will be filed and an acknowledgment copy showing completion returned to the original submitter.

PRIORITY FILING

- You may request 24 hour priority filing of your document by simply marking the "24 hour priority filing" box and include an additional \$20.00 with your filing fee.
- You may request 1 hour expedite filing of your document by marking the "1 hour priority filing" box and including an additional \$100.00 with your filing fee.

SUBMISSION

Make checks payable to the Secretary of State. Upon completion, mail with ORIGINAL SIGNATURE to:

Secretary of State
PO Box 202801
Helena, MT 59620-2801

CONTACT US

If you have any questions regarding this form, please contact the Secretary of State Business Services at (406) 444-3665.